

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

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Office Use:	10	
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## **Statement of Committee Organization**

1.	Statement Information			
Date: 09-01-17				
	Type:  New  Amended (if amending, enter MEC ID Co	1243 & section ch	anged 3 <b>4 b</b>	
2. Committee Information				
Friends to Elect Bill Lant				
	845 ELK River Road Pineville	Mo. 64856	(417 437 - 9273) Telephone Number	
	1			
		County Clerk or Board of Election Commissi		
	Committee Type: ☐ Campaign ☑ Candidate ☐ Continuing (P	AC) Debt Service Exp	oratory	
3.	Treasurer/Deputy Treasurer Information			
	Jane Lant	Treasurer's Email Address (optional)		
	845 Elk River Rd. Plaeville, No 64856	(117) 329-3015	( )	
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
		Davids Tanana de Francis de Januaria de la Companya		
	Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (optional)	, , , , , , , , , , , , , , , , , , ,	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number	
4.	Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addies Style Republic		
	Connected Organization's Name (If any)	Connected Organization's Mailing Address, (	Tity State & Zin	
		*		
5.	CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information (required by all committees)	☐ Yes (reter to instructions on	Dack) 1€ INO	
6.	Candidate Supported or Opposeu (candidate committees must in	nclude self, if candidate)		
	Bill Lant 845 Elk River Rd Pineville, Mo	(417) 457- 4223	( )	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	Only)	
	08-07-2017 Election Date  Office Sought & Political Subdivision  Office Sought & Political Subdivision	Kepublican Political Party	Support or Oppose	
7		ush namanlata this section)		
7.	Ballot Measure Supported or Opposed (campaign committees mu	ist complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
3.	Signature(s) Check certification(s) & sign (required by all commi	ttees)		
	☐ I affirm and attest under penalty of perjury that information and		ete, true, and accurate.	
	further acknowledge that I am aware that any false statement or de			
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	Committee Treasurer	Candidate (Candidate Committees Only)	MISSOURI ETHICS COMMISSION	

MO 300-1308 Packet (Rev. 12/2016) Form must be completed in full & contain original signature(s), fax filings are not accepted.